

STATE OF IDAHO
DIVISION OF BUILDING SAFETY
PLUMBING BUREAU

APPLICATION FOR EXAMINATION AS A JOURNEYMAN PLUMBER

A NON-REFUNDABLE \$22.50 APPLICATION FEE MUST ACCOMPANY THIS APPLICATION. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE PLUMBING BUREAU AND MAIL TO THE DIVISION OF BUILDING SAFETY, PLUMBING BUREAU, 1090 E. WATERTOWER ST., MERIDIAN, ID 83642. PURSUANT TO IDAPA 07.02.05.012.01: PIPEFITTING WILL NOT BE ACCEPTED AS QUALIFICATIONS FOR A JOURNEYMAN PLUMBER'S LICENSE. A COPY OF YOUR CURRENT PICTURED IDENTIFICATION MUST ACCOMPANY THIS APPLICATION.

ALL DISHONORED CHECKS WILL BE REQUIRED TO PAY A COLLECTION FEE NOT TO EXCEED \$20.00 AS PER IDAHO CODE 28.22.105.

NAME: _____

SOCIAL SECURITY NUMBER: _____ TELEPHONE NUMBER _____

ADDRESS: _____

CITY: _____ STREET, BOX, OR ROUTE _____
STATE: _____ ZIP CODE: _____

DID YOU COMPLETE A RELATED TRAINING COURSE: YES _____ NO _____ IF "YES", ATTACH A COMPLETION CERTIFICATE.

APPRENTICE: STATE TIME SERVED IN THE PLUMBING TRADE.

EMPLOYER: _____ TELEPHONE NUMBER: _____

DATES EMPLOYED FROM: _____ TO: _____
MO/DAY/YEAR MO/DAY/YEAR

EMPLOYER: _____ TELEPHONE NUMBER: _____

DATES EMPLOYED FROM: _____ TO: _____
MO/DAY/YEAR MO/DAY/YEAR

EMPLOYER: _____ TELEPHONE NUMBER: _____

DATES EMPLOYED FROM: _____ TO: _____
MO/DAY/YEAR MO/DAY/YEAR

JOURNEYMAN: STATE TIME WITH LAST TWO EMPLOYERS.

EMPLOYER: _____ TELEPHONE NUMBER: _____

DATES EMPLOYED FROM: _____ TO: _____
MO/DAY/YEAR MO/DAY/YEAR

STREET, BOX, OR ROUTE _____ CITY _____ STATE _____ ZIP CODE _____

EMPLOYER: _____ TELEPHONE NUMBER: _____

DATES EMPLOYED FROM: _____ TO: _____
MO/DAY/YEAR MO/DAY/YEAR

STREET, BOX, OR ROUTE _____ CITY _____ STATE _____ ZIP CODE _____

DO YOU HOLD A CURRENT LICENSE IN ANY OTHER STATE: YES _____ NO _____

IF "YES", WHERE? _____

(ATTACH COPY OF JOURNEYMAN LICENSE AND PICTURED IDENTIFICATION)

ALL INFORMATION CONTAINED IN THIS APPLICATION WILL BE VERIFIED

TO BE EXECUTED BY APPLICANT

I UNDERSTAND THAT I AM RESTRICTED WHILE HOLDING THE LICENSE HEREIN APPLIED FOR TO EMPLOYMENT WITH AND UNDER THE DIRECTION OF A LICENSED PLUMBING CONTRACTOR.

I, _____, BEING FIRST DULY SWORN, DO HEREBY CERTIFY THAT THE STATEMENTS ON THE APPLICATION FOR EXAMINATION AS A JOURNEYMAN PLUMBER ARE TRUE AND CORRECT.

SIGNATURE OF APPLICANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20____

NOTARY PUBLIC FOR: _____

COMMISSION EXPIRES: _____

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TO BE EXECUTED BY PRESENT EMPLOYER

I, _____, BEING FIRST DULY SWORN, DO HEREBY CERTIFY THAT I AM ENGAGED IN THE PLUMBING BUSINESS, AS A LICENSED PLUMBING CONTRACTOR, THAT THE APPLICANT IS WORKING FOR ME AS AN APPRENTICE/JOURNEYMAN (**CIRCLE ONE**) PLUMBER AND THAT I HAVE READ THE FOREGOING APPLICATION AND BELIEVE THAT THE STATEMENTS MADE BY THE APPLICANT THEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF EMPLOYER

ADDRESS

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20____

NOTARY PUBLIC FOR: _____

COMMISSION EXPIRES: _____